



2616

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/023,974
Filing Date	12-17-2001
First Named Inventor	Addepalli Kumar
Art Unit	2616
Examiner Name	PHAM, BRENDA H
Attorney Docket Number	RAZA-07400

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 34051

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

34051

**OR**

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City		State		Zip	
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	L. William Caraccio		
Date	<span style="border: 1px solid black; padding: 2px 20px;">12/28/06</span>	Telephone	(408) 434-5510

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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